



**TENNESSEE TIRE DEALERS  
ASSOCIATION**

**P.O. Box 82531**

**Baton Rouge, LA 70884**

**Phone: (888) 858-3721 Fax: (225) 767-7648**

**info@tntda.org**

***ATTENTION ADVERTISERS!***

**Do not miss out on the chance to promote your business in the Tennessee Tire Dealers Associations' Quarterly Newsletter. As a company, you will receive recognition with other Associate Tire Dealers, and the opportunity to advertise to new businesses. TTDA would be honored to have you place an ad to help make the Newsletter a success!**

<b>AD SIZE (height X width)</b>	<b>SINGLE AD PER YEAR RATE</b>	<b>4 ADS PER YEAR RATE</b>
<b>Full Page (10''h x 7.5''w)</b>	<b>\$300.00</b>	<b>\$275.00 each ad</b>
<b>1/2 Page (4.5''h x 7.5''w)</b>	<b>\$200.00</b>	<b>\$175.00 X 4 each ad</b>
<b>1/4 Page (4.5''h x 3.5''w)</b>	<b>\$100.00</b>	<b>\$75.00 X 4 each ad</b>
<b>1/8 Page (approx. 2.5''h x 3.5''w)</b>	<b>\$50.00</b>	<b>\$30.00 X 4 each ad</b>

**DEADLINES:**

**NEWSLETTER ISSUES:**

**Spring Issue**

**Summer Issue**

**Fall Issue**

**Winter Issue**

**DEADLINE FOR SUBMISSIONS:**

**March 2 , 2010**

**May 26, 2010**

**August 25, 2010**

**November 20, 2010**

**ADVERTISING INFORMATION**

- The Newsletter is printed in full color - Color Ads are preferred
- The completed ad should be supplied via email as a JPEG file
- Please email Christy Marino at: [christy@tatmangroup.com](mailto:christy@tatmangroup.com)
- Questions? Call Christy Marino at (888) 858-3721

**TTDA ADVERTISING OPPORTUNITY**



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Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**CIRCLE ONE**

**SINGLE AD RATE**

**4 ADS PER YEAR RATE**

FULL PAGE	\$300.00
1/2 PAGE	\$200.00
1/4 PAGE	\$100.00
1/8 PAGE	\$50.00

FULL PAGE	\$275.00 each ad
1/2 PAGE	\$175.00 each ad
1/4 PAGE	\$75.00 each ad
1/8 PAGE	\$30.00 each ad

Total Amount Enclosed \$ \_\_\_\_\_

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**Please return this form with your check made payable to:**

Tennessee Tire Dealers Association

P.O. Box 82531

Baton Rouge, LA 70884

**\* Payment must be received prior to submission deadline\***

**Credit Card Payments:**

Name on card: \_\_\_\_\_ Total amount due: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone number: \_\_\_\_\_